



FILED

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

04 APR 12 AM 9:33

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

<p>1. Committee ID # <u>MACOMB COUNTY CLERK</u> <u>137371</u> <u>MT. CLEMENS, MICHIGAN</u></p> <p>2. Type of Filing: <input checked="" type="checkbox"/> Original</p> <p><input type="checkbox"/> Amendment to Items: _____ Eff. Date: ____/____/____</p> <p>3. Date Committee was Formed: <u>04</u> / <u>12</u> / <u>2004</u></p> <p>4. Full Name of Committee: <u>Citizens for a safe community</u></p> <p>5. Acronym or Abbreviation (if any):</p> <p>6. Complete Committee Mailing Address (May be PO Box): <u>Citizens for a safe community</u> <u>22425 15 Mile Road</u> <u>Clinton Twp. Mich. 48035</u></p> <p>7. Complete Committee Street Address (May not be PO Box): <u>SAME</u></p> <p>Committee Phone #: (586) <u>791</u> - <u>3288</u></p> <p>Committee Fax #: (586) <u>791</u> - <u>5420</u></p> <p>Committee E-mail Address:</p> <p>8. Treasurer Name and Complete Address: <u>Thomas Tignanelli</u> <u>22425 15 Mile Road</u> <u>Clinton Twp. Mich. 48035</u></p> <p>Phone #: (586) <u>791</u> - <u>3288</u></p> <p>E-mail Address:</p> <p>9. Designated Record Keeper Name and Complete Address: <u>Mike Emmi</u> <u>18765 Clinton River Road</u> <u>Clinton Twp. Mi. 48038</u></p> <p>Phone #: (586) <u>855-7961</u></p> <p>E-mail Address:</p> <p>10. <input type="checkbox"/> REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p>	<p>11. Name and Address of Depositories or Intended Depositories of committee funds.</p> <p>a. Official Depository <u>Fifth Third Bank</u> <u>34564 HARPER</u> <u>CLINTON TWP MI. 48035</u></p> <p>b. Secondary Depository</p> <p>12. Complete if Committee is being registered to support or oppose a specific ballot proposal: <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose</p> <p>If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:</p> <p><input type="checkbox"/> Statewide</p> <p><input type="checkbox"/> County <input type="checkbox"/> Multi: County: _____</p> <p><input checked="" type="checkbox"/> Local: <u>Clinton Twp.</u></p> <p>13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.</p> <p style="text-align: center;">** OR **</p> <p><input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)</p> <p>Current Treasurer:</p> <p><u>Thomas Tignanelli</u> <u>4.9.04</u></p> <p>Designated Record Keeper (Required only if filing electronically):</p>
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